

Attn: UnitedHealthcare Value-Based Reimbursement Risk Dispute Team
Re: COSMOS delegated claim reconsideration submission

Please accept this reconsideration request regarding the attached COSMOS claim. We're securely emailing a PDF copy of the claim to delegatedclaims_resolution@uhc.com for review. UnitedHealthcare forwarded the claim and supporting information to us for processing. However, we believe the health plan is responsible for this claim. Thank you.

Claim type: (choose an item)	Professional	Hospital
------------------------------	--------------	----------

Product type: (choose an item)

Medical - transplant	Physical health - occupational therapy/physical therapy/speech therapy/chiropractic
Medical - other	
Behavioral	Prescription drug
Dental	Other (brief description)
Vision	

ICN (10 bytes):	FLN (15 bytes):
UnitedHealthcare received date (YYYY/MM/DD):	Member ID:
Member last name:	Member first name:
Date of service from (YYYY/MM/DD):	Date of service to (YYYY/MM/DD):
Delegate payer ID (5 bytes):	Billed amount:

Reason for reconsideration (brief description, 200 characters or less):

